

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

10

SERIAL NO.

526681

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		3					54						
5		①					55						
6		①					56						
7		①					57						
8		①					58						
9		①					59						
10		①					60						
11		1					61						
12		2					62						
13		①					63						
14		①					64						
15		①					65						
16		①					66						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	18	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	19						TOTAL CLAIMS						